

CITY OF LINCOLN/LANCASTER COUNTY

CONTRACT AWARD NOTIFICATION
SPECIFICATION NO.03-136
ANNUAL REQUIREMENTS FOR
UNIT PRICE CONTRACT FOR
CONSTRUCTION EQUIPMENT REPAIR

DATE: April 12, 2004

CONTRACT PERIOD: May 1, 2004 thru April 30, 2005

CONTRACTOR: Mid-Land Equipment Company, LC
5621 Schweitzer Road
Lincoln, NE 68507

PURCHASING DIVISION
K-STREET COMPLEX
440 SOUTH 8TH STREET
LINCOLN, NEBRASKA 68508
(402) 441-7410

Company Representative: Roland Eppert
Billy D. Holland
Telephone No.: 402/464-3711
FAX No.: 402/464-4722
E-Mail Address: bholland@midlandequipment.com

THE CITY/COUNTY'S SPECIFICATIONS AND THE CONTRACTOR'S ACCEPTED PROPOSAL AND PRICING SCHEDULES, NOW ON FILE IN THE OFFICE OF THE CITY CLERK AND/OR THE COUNTY CLERK, ARE ADOPTED BY REFERENCE AND ARE AS FULLY A PART OF THIS CONTRACT FOR THE ABOVE-NAMED COMMODITY AS IF REPEATED VERBATIM HEREIN.

Description	Per Hr. &/or % Profit
A. REPAIR SERVICE RATES	
A.1. Shop Repair Services	\$59.00
A.2. Field Repair Services	\$63.00
A.3. Shop Welding	\$59.00
A.4. Field Welding	\$63.00
A.5. Weekend or after-hour repair service	\$90.00
A.6. Bore Welding (Shop or Field)	N/A
A.7. Service Vehicles / per mile	\$0.90
B. PARTS AND MATERIALS	
C. SUBCONTRACTOR COSTS	
C.1. Overhead & profit for subcontractor costs	15%

NO ACTION NEED BE TAKEN BY THE CONTRACTOR AT THIS TIME. ORDERS FOR MATERIAL WILL BE MADE AS NEEDED BY THE VARIOUS CITY/COUNTY DEPARTMENTS.

DEPARTMENTS REQUIRING CATALOGS AND/OR PRICING SCHEDULES SHALL NOTIFY THE CONTRACTOR DIRECTLY.

E.O. #69998
Dated: 04/05/04

CITY OF LINCOLN, NEBRASKA
UNIT PRICE QUOTATION
CONSTRUCTION EQUIPEMENT REPAIRS, 03-136

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____

FROM (CONTRACTOR): _____

PROJECT NUMBER: _____

PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

REPAIR SERVICES RATES

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Shop Repair Services			
Field Repair Services			
Shop Welding			
Field Welding			
Weekend or after-hour repair service			
Bore Welding (Shop or Field)			
Service Vehicles / per mile			
Other			
TOTAL LABOR			

PARTS & MATERIALS

ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Parts Costs			
Total Equipment Cost			
Total Cost			

O. & P. ON SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

TOTAL PRICE (NOT TO EXCEED)

\$

FIRM: _____

BY: _____

ADDRESS: _____

PHONE _____

APPROVED BY: _____

Department/Agency Representative

DATE: _____

Change Order #: _____

Accepted: _____

Not Accepted: _____